

TO: Matt Lesser and Kerry Wood, Co-Chairs, and Members of the Insurance and Real Estate Committee

RE: SB 360, An Act Concerning Various Changes to Utilization Review Companies Licensure Statute, and HB 5392, An Act Concerning Mental Health

My name is Allyson D. Platt, and I am a Licensed Professional Counselor. I am a resident of Ellington, CT, and am in private practice in South Windsor, CT. I am writing in support of SB 360 and HB 5391, with requested modifications for your consideration.

Licensed Professional Counselors are employed in various clinical settings throughout the state, serving diverse mental health needs. We have extensive training treating individuals, couples, and families, and many of us are in network with the various private insurance carriers (as well as Medicaid) that operate in our state.

Many providers, including myself, are at full capacity and have waiting lists for new clients. We are finding our network of referral options limited, as so many of our colleagues are full and have waitlists. Many higher levels of care facilities are at capacity and have long waitlists, placing outpatient providers in a difficult situation to manage higher acuity of needs in less time and in inappropriate settings (in that the client needs a higher level of care, so outpatient treatment is insufficient). Many school systems are experiencing the spill over of untreated mental health disorders among students.

We as mental health providers are doing all we can to address this crisis. Many Licensed Professional Counselors have little or no administrative support. As a result, administrative burdens erected by private insurance companies place a significant burden on our profession. These barriers include: ever changing claim submission procedures; lengthy waits for service reimbursement; audits; claw-backs of previous payments; and erroneous claim denials. These issues are driving mental health providers to remove themselves from health insurance networks. Those providers that choose to stay in-network with insurance companies are bogged down by time consuming paperwork and phone calls, using time that could otherwise be spent servicing CT residents in need of mental health treatment. Recently, changes to procedure and location codes, as well as differing copays, deductibles, and reimbursements for telehealth, have increased the confusion and frustration of this process.

I ask that the utilization review requests outlined in SB 360 be capped to eliminate undue repeated auditing/review for providers, which creates time-consuming paperwork burdens that continue to impede the availability to treat clients.

I request the study referenced in HB 5391 be carried out by an independent task force that has representation from the Dept. of Insurance but is not conducted by that Department. I also request that you utilize the task force outlined to review and recommend adjustments to private insurance regulations to reduce barriers and support private practitioners and mental health agencies.

I also recommend the task force consider the following topics to review and upon which to provide recommendations:

- improved communications between providers and insurance representatives through regular updates to insurance panel lists of in-network providers;

- the development of systems and protocols that decrease claim processing times through standardization of efforts for claims pending in "accepted" or "processing" status for extended periods of time. Systems and protocols should reduce errors and inaccurate denials of payment claims;
- Creating clear guidelines for claim processing code adjustments, with standardized (whether in print or email) advance notice to all in-network providers; and implementation of code changes after insurance systems are updated;
- Requiring standardized and regulated claim auditing protocols, with clearly identified insurance sub-contractors being introduced by the insurer, to reduce provider audits and monetary clawbacks from providers;
- as has been done in Massachusetts, limiting insurers ability to engage in legitimate clawbacks to one year from the date of notice.

I urge you to support SB 360, with the addition of an appropriate cap of reviews, so as to not impede provider time and resources to treat clients; and I urge you to support the establishment of a task force as outlined in HB 5391, with the above mentioned areas of consideration. The requested changes will reduce barriers for mental health providers and help improve access to mental health services for all Connecticut residents.

Thank you for your time on this important matter.

Sincerely,

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If you are experiencing a mental health emergency and need immediate assistance, please call 911, go to your nearest emergency room or utilize a crisis service such as those listed below.

**CT Crisis Line 211**

**The National Suicide Prevention Lifeline phone number is 800-273-8255, operating 24 hours a day, 7 days a week. The transgender Trans Lifeline # is 877-565-8860. The teen crisis text line is 741-741. The Trevor Project crisis line for LGBTQIA youth is 866-488-7386.**

**Springfield Crisis Services (BHN): 413-733-6661**

**Northampton Crisis Services (CSO): 413-586-5555**

**Greenfield Crisis Services (CSO): 413-774-5411**

**Athol Crisis Services (CSO): 978-249-3141**

**Crisistextline.org**

24/7 anonymous service. Text: START to 741-741 when in crisis.

No matter how **BIG** or **LITTLE** your problem may seem.

**Teenlineonline.org**

Call, text or email to speak with another teen.

Hours are 6pm - 9pm PST (California) (9 pm to midnight Eastern time)

Text: TEEN to 839863

Phone: 310-855-4673 or 800-852-8336

Email: Go to [Teenlineonline.org](https://www.teenlineonline.org) and click email

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